



State of New Hampshire 2012 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/26/2012

Business ID: 453387

William M. Gardner

Secretary of State

TORNOW'S TAILORED HOME IMPROVEMENTS, LLC

32 SAWYER ST

NASHUA, NH 03060

ENTITY TYPE: LLC

BUSINESS ID: 453387

STATE OF DOMICILE: NEW HAMPSHIRE

HOME IMPROVEMENTS & SERV

ADDRESS OF PRINCIPAL OFFICE:

32 SAWYER ST

NASHUA, NH 03060

REGISTERED AGENT AND OFFICE:

James Kaklamanos, Professional Corporation

374 MAIN ST

NASHUA, NH 03060

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Erik Tornow
STREET 32 Sawyer St
CITY/STATE/ZIP Nashua NH 03060
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME John L. Cavalliere
STREET 9 North Main St
CITY/STATE/ZIP Merrimack NH 03057
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Erik Tornow

Please print name and title of signer:

Erik Tornow

1 Manager

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): etornow@hotmail.com



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529